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Can the Community Construct Knowledge to Shape Services in The Local State? A Case Study

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Abstract
The Labour government's stated commitment to shifting the balance of power to communities, citizens and users has been expressed in numerous initiatives to promote participatory governance in the local state. In this context achieving reliable ways of learning about participants' views becomes critical. A prime concern then becomes what constitutes 'community knowledge' and how that knowledge can be developed. This article considers some issues that arise for communities and policy makers in reshaping local services through community involvement in governance. It draws out the implications of theoretical understandings of community, social capital and participation for the practice of community involvement and raises questions about the nature, and the potential, of community knowledge to exercise influence.

Keywords: governance, involvement, participatory research

Can the Community Construct Knowledge to Shape Services in The Local State? A Case Study

Introduction

The Labour government's stated commitment to shifting the balance of power to communities, citizens and users has been expressed in numerous initiatives to promote participatory governance in the local state. In this context achieving reliable ways of learning about participants' views becomes critical. A prime concern then becomes what constitutes 'community knowledge' and how that knowledge can be developed. In this article we consider what coherence exists between the theory underpinning involvement and the issues raised for developing knowledge by and about the community. We examine the one attempt to implement policy based on community knowledge in a new approach to developing a need, rather than a service, based focus. The article considers some of the decisions made in the process of knowledge construction and raises questions about their consequences for the knowledge that is achieved.

The Policy Initiative

The background to the policy initiative described below lies in a longstanding concern over the fragmentation of health and social services in Britain and the consequent failure to meet the needs of citizens. Attempts to address these concerns have focused on the reorganisation of services and the reassignment of responsibilities. The Seebohm report (1968) signalled significant change in advocating a shift from a focus on specific population/need groups to generic services intended to respond to the whole person within their social and economic context. In practice, however, this shift produced another silo based service organised around providers of social work and social care. Most significantly, it failed to encompass the NHS and housing. The consequences of the division are starkly illustrated in the attempt to 'join up' the services of a 'free' NHS with means tested social care.While successive such policy initiatives have tried to achieve a more holistic response to need, much of the policy debate has centred on identifying the best *professional* solutions to fragmentation (Alasewski et al., 2003, Glasby et al 2006). Given this context the recent emphasis on the legitimacy of citizen and consumer knowledge has brought new considerations to the fore.

The new policy intiative, 'Connected Care', aims to improve community well being by fundamentally reshaping the relationship between services and the communities in which they are delivered. The term 'Connected Care' originated in a joint report by IPPR and Turning Point, which set out a strategy for promoting well-being and social inclusion (Rankin and Regan 2004). It built upon the widespread recognition that services too often failed to acknowledge the inter-connected nature of physical, social and emotional needs and their relationship to poverty and social exclusion (ibid. p.11). The report pointed out

that the organisational imperatives upon which services are based means that they are fragmented, difficult to access and fail to meet needs holistically. The stated aim of 'Connected Care', by contrast, is to connect health and social care services with housing, education, employment, community safety, transport and other services. Fundamental to this new service is a belief that the gaps between services can be bridged by ensuring that the legitimacy of local user and community 'voices' are recognised, alongside the competing (and historically more powerful) knowledge of the professionals and managers of services. Thus, it is proposed that a radically different relationship will pertain between people and their services as communities become active participants in service planning and design rather than passive recipients of service. Hence, the locality/community basis is a fundamental organising concept in the implementation of this new service.

Turning Point, believes that the provision of interlocking, bespoke services requires a change in the relationship between commissioners and communities. Services will be more effective if the community is involved in a meaningful way, in service planning, design and delivery.

(Turning Point, 2005)

The aim of Connected Care, therefore, is not only to deliver more sensitive responses to the needs of individuals and their communities, but to involve those communities in the organisation and design of local services. The approach resonates with broader policy emphases on the collective as well as individual benefits of more effective public involvement:

When people feel empowered and become more involved, other benefits follow. People literally feel better. They are healthier, their educational attainment rises, crime falls and so does the fear of crime. People have more confidence in the criminal justice system, there are fewer social tensions and neighbourhoods that were once run down, become better places to live – even sought after.

Home Office 2005 p4

These statements signal a belief that a shift in the historic power relations between providers and local communities is necessary before services can respond adequately to the dynamic and inter-related nature of need in a changing social world.

Statements about the value of empowerment and the importance of co-production are based on a theoretical commitment to the role of social capital in improving wellbeing by enhancing the fabric of community life (Farrell, C. 2004, Halpern 2005). Although a popular notion in social policy, the conceptualisation of social capital is frequently confused and is rarely developed systematically in policy implementation (Portes 2000, Fine 2002, 2003). Evidence emerging from social and epidemiological research however, suggests that social capital has real impact on health and wellbeing (Wilkinson 1996, Wilkinson et al 1998, Putnam 2000, Marmot 2005)**.** It is argued that social capital is effective when social networks and relations of trust are strong and, in consequence, citizens are able to act in the interests of the whole community rather than on the individualised basis of consumer status (authors, 2006). A reliance on the operation of such principles substantially underpins the Connected Care initiative.

The logic of 'Connected Care' lies further, in understanding locality as creating, as well as reflecting, experience (Bourdieu 1999, Dorling 2001), because it is here that the concern with social capital and the relevance of a locality focus for Connected Care unite. In this context, the community is designated the 'actor' in contrast to the more structural concept of locality (Cooke**,** P.1990)). The community's power to shape its own environment is active, as well as reactive to external forces. If community social capital can be built through involvement and devolved power, the role of the state can become one of facilitator in a self-sustaining process, rather than a provider of services which have hitherto been seen as unresponsive to local need. The attractiveness of such solutions in avoiding the need for structural change, including redistributive policies has been noted elsewhere (Fine, 2003).To fulfil its true promise, involvement must not only secure improved service design, but also, in being locally determined, access and deploy the local resources of social capital highlighted above. While this objective is highly attractive, in principle, its translation into practice presents substantial challenges.

It is intended that Connected care will be based on a radical reorientation of service development and delivery processes with the aim of embedding locality based structures into the governance of the local state. Localisation is intended to enable, 'a complex web of new and direct relations which can help people connect together in a new and dynamic way' (Somerville 1998 p.235). However, such interaction is undermined when learning capacity within organisations varies (Shields, 1992) and while structures remain functionally organised around specific services (Foley and Martin 2000). The implication of taking a community or locality focus is that different information is required to inform service design from the professional and individually focussed knowledge traditionally considered central. Questions such as how information about need is conceptualised, who holds such information, how it should be deployed and by whom, need to be rethought. In what follows we describe how the views of service users and the wider community have been sought through a locally designed 'community audit' process. We then reflect on the implications of this approach to gathering knowledge for the community's ability to have an effective voice in local governance.

Methods

The first pilot for Connected Care was established in 2005 in the Owton ward of Hartlepool, with participants from NHS and local authority commissioners, service providers, community associations, residents and elected members. The research discussed here evaluated the process of mobilising 'community' voice, referred to above, as a first step in service redesign (Callaghan and Duggan, 2006). It was based on a combination of qualitative methods and documentary analysis. Interviews were undertaken with fifteen people identified as the 'key stakeholders' in developing the Connected Care Pilot. They included the professional and lay members of the pilot's steering group as well as elected representatives, representatives from the community associations and the audit team. Non participant observation at Connected Care Steering Group meetings and the Owton Community Forum provided further sources of information about the relationship of the audit to other processes. Respondents are

identified below by perspective (professional (p) or community (c)) and by number to maintain confidentiality.

In achieving knowledge of the community a number of issues about process of construction emerged which clearly shaped what became 'known'. Questions include: How has the community been defined? What interests are involved in shaping the process? What counts as valid knowledge of 'the community' and who are the relevant respondents? Together these questions inspire a larger question of how far the community can fully own knowledge that is initiated and facilitated by groups that lie beyond its boundaries. In what follows we consider the impacts of these issues to problematise the issue of 'authentic' community knowledge. We consider issues of reflexivity among community and professional researchers involved in this process.

Place as Context: 'the right to want things'

The Owton ward, in which the Connected Care initiative was established, is largely based on a post-war council housing estate on the southern fringes of Hartlepool, a town which had experienced a long term process of deindustrialisation in the 1970s and 80s. Unemployment has been consistently well above the national average for many years and it is the nature of processes of exclusion and deprivation that such experiences tend to polarise in particular places within towns and cities (Byrne, 1999). Residents have a consistently poor health, social and economic status and the ward stands at 1,075 in an Index of Multiple Deprivation which comprises 32,482 wards (2005). This socio economic profile was a prime factor in justifying the location of the initiative:

...one of the big problems on the estate is poverty. Full stop. Poverty. Now because of poverty people are in debt so some of the health-related issues are about anxiety and depression due to ill health being caused by debt. You've also got a third generation and in some cases almost a fourth generation in some families of unemployment. Now that has consequences for people's aspirations, and if aspirations are depressed then anxiety tends to follow as does poverty and all of those things so again you're back into that spiral. (c:1)

These contextual factors are important in describing the approach taken because they not only situate the pilot itself, but will continue to have impact on the implementation of Connected Care in the locality. The pilot is taking place in an area with three very active community associations but with evidence of more widespread disengagement among the general population. One profile of the ward compiled by a local community association shows it to be one in which levels of participation have been consistently low (OFCA., 2003), while a more recent MORI poll (2006) suggested that relatively few residents feel able to influence decisions about their area. The respondent quoted above explains why disempowerment is felt by individuals within the community. Yet the notion of building social capital through involvement relies on stressing the agentic potential of communities. Involvement must play a core role in the Connected Care initiative if the legitimacy of the policy is to be assured. The coherence of the community as an entity is

therefore crucial. This is importantly operationalised in the definition of community boundary.

Defining the community

An unresolved, yet important, problem for policy lies in determining what the community is, (Day and Murdoch, 1993, Cohen, 1985, Dorling, 2001). The tendency of official initiatives to treat community and locality as synonyms has been recognised in previous research (Madanipur, 1995, Power 1996). Such convenient elision does not, however, necessarily reflect communities' own definitions and experience (Cooke, 1989). Jewkes and Murcott (1998) have pointed to the significance of the disjuncture between these literatures and the strategic declarations of national and international policy bodies on engaging 'the community'. This became apparent in the Connected Care pilot, which was coterminous with the local authority ward of Owton but not with the whole of the Owton Manor estate. The significance of this issue emerged in the Owton Residents' Forum when a resident from one housing block questioned the geographical boundaries adopted by the pilot. While he recognised that his block was part of another local authority ward, he said: '*if you asked anyone where we belong they'd say the Manor.*(c:2). As this statement implies, basing the pilot on ward boundaries gave electoral imperatives precedence over those of community identity.

The boundaries chosen for the project reflected the central role of councillors among its initiators, and they undoubtedly saw electoral advantage in maintaining that focus, at least initially. However, if the definition held by elected representatives, policy makers or professionals varies from that of the community itself there is a danger of cutting across those networks of social capital that Connected Care is actively seeking to deploy (Lee and Ozanne, 1999). This has significant implications for the articulation of a 'community voice'.

A further layer of complexity results from the fact that communities are not homogeneous and may be characterised by subgroups with conflicting interests. While its positive aspects are stressed, the 'dark side' of social capital, recognised most clearly by Bourdieu, lies in its effectiveness in excluding those beyond its boundaries at the same time as binding those within them (Bourdieu 1986). This applies to subgroups within the community as well as the community as a whole. In Owton respondents identified the multi-levelled nature of their community:
'I think when you look at it, obviously, there's the geographical community about the Manor, but there are clearly very different communities within that' (c:5)
Such considerations of identity, briefly stated here, interact in creating the context for the Connected Care pilot and raise questions about the assumption that a coherent and uncontested community 'voice' is possible. They are issues that become increasingly pertinent in a policy context of double devolution which envisages decisions about the allocation of resources being taken at the community level. In Owton there are at least three bases of community identity, the estate, the housing block and the residents'

associations. Each of these has been observed to form the basis for claims to legitimacy in local decision making forums.

Enlisting Involvement: the community audit

Foregrounding the importance of knowledge of community definition of need implies that even the most effectively designed, professionally led services are no longer adequate. The Connected Care Steering Group, as the group developing the new service, commissioned research to learn about how the community viewed its services and the changes they would want to make. This took the form of an 'audit', the aims of which were twofold. Firstly, it sought to develop community-based knowledge for designing responsive and joined up services. Secondly, that knowledge was to be produced through building capacity within the community itself. A team of local residents was recruited and trained in research skills by researchers from the University of Central Lancashire (UCLAN). It was intended that this would shift the balance of power between community and professionals because the production and ownership of knowledge about itself would become the province of the community rather than the 'expert'. The audit was expected to provide valid information from which a new service could be designed while also developing skills that could be the basis of the community's own control of knowledge about itself, and for itself, in the future.

Defining the process

Differing expectations were held by participating interest groups about how a Connected Care audit should proceed. As the audit was an untried process, the emergence of a number of early tensions, based in these differing interpretations of purpose, was perhaps inevitable. The need to complete the process quickly was a pressure felt both by service and community leaders. This perceived imperative competed with a developmental model whose rationale lay in working at the pace of the community.

*So it was ... community owned, peer research in a sense, the community being supported… financially and trained and mentored and guided ... (*p:4)

For professionals the pressure to demonstrate progress arose from accountability to their organisations.

I think originally we were hoping to get the ...audit bit finished by October and the reason for that was (the) *PCT and Social Services were saying 'Well really that's the kind of time we need to be thinking about what we've done with budgets for the following year."*(p:2)

A conflict also existed for the community organisations (as embodied here in the audit team) between the need to develop control over the knowledge collected and used about it and the need for tangible change to take place, so that confidence in a community-based consultation process could be sustained. Precipitate action could bring a disconnection, that has frequently been observed elsewhere, between the community organisations at the forefront of new projects and the wider community, resulting in the co-option of community members as quasi professionals (Collins, 2001). At the same time community members' expectation of timely action was clear.

in Owton Manor we've been surveyed so many times, honest we have, survey after survey after survey and people are so fed up. I talk to our residents ….and they say 'Oh God, not another survey!' you know, and it's action we need. (c:5)

Uncertainty about how the model of Connected Care, itself, would work combined with that created by new partnerships:
….there were some tensions as well around in terms of doing this Connected Care audit, exactly what was that? There … wasn't a framework that said 'This is what a Connected Care audit is'.(p:4)
From the traditional perspective of policy design this lack of definition creates unhelpful uncertainty and ambiguity. Yet an important part of the legitimacy of Connected Care, as a new approach, was the promise that it would be co-produced. It would not be a service designed by professionals alone, but one in which the expertise of the community would play a central role. Implementing Connected Care entails achieving technical service redesign *within* a legitimacy based on community involvement. Securing this legitimacy, consequently, involves achieving coherence between the theoretical basis of the initiative and its structural and organisational context. These fundamental issues of how community and process are defined give rise to a number of practical issues in designing and validating community research.

Can effective mechanisms for 'community knowledge' collection be developed?

The locality focus of the audit research was assured through employing a host community organisation, but the process of selecting this organisation raised interesting differences between the philosophy, cultures and governance associated with community involvement and those of the public services. A tendering process invited the four community associations to compete for the role of host. This had the advantage of establishing a degree of transparency appropriate to the commissioning organisations' need to demonstrate public accountability but, it emerged, was divisive:
…it is a shame because all the community groups in this area work together….. So it was a shame that it put us at each other's throats ... (c:3)

The approach undermined existing social capital. Its application illustrates Bourdieu's emphasis that social capital has a dark side and that an idealised discourse of community must be avoided:
I found the voluntary sector do this, they play their cards very close to the chest, or it's a sort of, it's a bit of a one-upmanship. When you first kick off they tell you snippets but they don't tell you the full facts and it's really hard, it makes it very, very hard…(c:5)
No assumptions can be made about the cohesiveness of any particular sector or community. That said, in Owton the community associations, were able to overcome the conflict caused by the process at that point:
….in the end, the community groups as a whole, we're sort of bigger than that. (c:6)

Claims to participation within research can be rhetorical rather than real. McTaggart, (2001) describes this in graphic terms, distinguishing between 'participatory research ' in

which the researchers 'share' in the process and 'involvement' in which they are 'entangled' or 'implicated'. Yet the existence of fractions of community suggests this opposition, although representing an important insight, may need to be refined. From observation of the processes in Owton we suggest that a straightforward binary division would be simplistic. The interviews suggested that elements of both sharing and entanglement were experienced by those producing knowledge.

Elements of the research in Owton were professionally led to meet the need to produce comprehensive data which would satisfy social science notions of validity in its claims to represent community views. At the same time there was a clear sense of growing confidence within the audit team in respect of its claim to research skills and ownership of knowledge. Indeed as the team assumed greater control over the processes of gathering evidence, the professional researchers found the situation more challenging:
…it's difficult to tie them down …who they're going to interview so they come back and you think 'I didn't think you were doing that' … (p:4)

A further issue in participatory research is the provision of support to community members to become participants-as-researchers. This entails developing skills and confidence in the audit team:
One of the things again for me that I'd learned was really how you're asking people, we were asking people to do something really very sophisticated who had a… rudimentary understanding of the concept, but had no comparable experience to draw on to give them the skill and confidence to do it. (p:5)

Community involvement implies accepting some reduction in professional control in gathering information about needs. The issue of validity which grounds community claims to knowledge does not map directly onto validity based on professional definitions of what constitutes rigorous research. The negotiations between the two and the shift toward community control in developing knowledge brings about a process of co-production that is likely to challenge principles among all parties.

Who should research the community?

One issue, which has been widely contested, concerns the claim that research undertaken by community members avoids the intrusion that results from outsider research (Bourdieu, 1999). Bourdieu argues that structural differences between researcher and researched, such as those of social class, represent a form of symbolic violence which distorts the knowledge that is produced. This view was reflected within the audit team:
I was .attracted by the fact that a) it was going to be conducted by people within the community, talking to people in the community and I thought that was not before time and I thought it would probably be more successful in having or parachuting professionals, for want of a better word, in who I thought probably wouldn't get the same depth of information (c: 4)

Bourdieu points out, however, that training community members as interviewers has its limitations. Social research relies on the ability to construct an analysis in a dialogue with the empirical data:

> *It is not simply a question of collecting "natural discourse" as little affected as possible by cultural asymmetry; it is also essential to construct this discourse scientifically, in such a way that it yields the elements necessary for its own explanation*
>
> Bourdieu 1999 p611

Here Bourdieu raises the point that underpinning the construction and interpretation of empirical data, lie theories about the nature of the world. Policy is also based on such theories more or less explicitly articulated (Walker, 2001). Raising the question of what constitutes knowledge and how that can be created suggests the need to develop a critical understanding of the process which takes it beyond a simple empiricist account.

In constructing authentic community knowledge, ostensibly technical issues of team composition, sampling and reporting results become significant constitutive elements. For example, one issue considered by the Steering Group was how far the audit team should be representative of the wider population. Initially it was intended that the team would reflect the diversity of the population, but the recruitment process did not fully achieve this objective. Owton is an overwhelmingly ethnically white, working class estate within which the majority of informal community activists are women. It is not surprising then that women formed the audit team in this case (though the male community leader from the host organisation undertook some interviews). There are numerous other bases of diversity in the community, however, that were not represented and it would be difficult to envisage a process by which this could be achieved in practice. The inability to reflect all forms of diversity might suggest that symbolic violence can be committed *within* the community. What then are the consequences of this partial representativeness for developing legitimate community knowledge?

A further issue raised in Owton was the way in which conducting research within the community has an impact on the perspectives and relationship to their community of those undertaking it. This was clear from the community researchers' experience:
..once you start actually interviewing somebody more in depth you realise how complex they are and the knock on effect one has to the other (c:4)

Undertaking a research role brings about change which goes beyond the danger of being distanced in the process and becoming a 'professional community member' identified above (Collins, 1991). Participants-as-researchers develop a different level of reflexivity within their community in the process. It is acknowledge that conducting research changes the relationship between researcher and the field in ways that are likely to raise more issue for community researchers than for professional researchers. Issues such as the confidentiality of information, the changed relationship between respondents and researcher, the purpose, findings and use of the research report each require more attention in relation to the community researcher role. Further, unlike professional researchers, community researchers do not leave the field when the research is over. The

implications of this central relationship for both researcher and researched, and for the ethics of participatory research need to be developed in the specific research context.

These questions about the conduct of community-based research present challenges to simplistic assumptions about its superior validity and its capacity building role within the community that deserve further attention. Nonetheless within Owton the strength of community involvement in research was recognised by members of the community and stakeholders from local services:

…they know what people want and what makes them happy and what will get them through the doors and what will keep them there because after all we're trying to extract information from people and we want them to feel good about giving us the information. (C:4)

At the same time there are consequences for traditional understandings about the quality of data as well as for the experience of community researchers. What constitutes the community and who within the community could be regarded as 'information rich' is a central problematic for this approach.

Who are relevant respondents in 'the community?

The basis upon which the citizen is involved in decision making is that of responsibility to focus on the community as a whole, rather than the individual user perspective. One value of citizen involvement is that it produces important information about social needs within a locality. Its further strength lies in the added value that involvement brings in building social capital to help the community to address those needs. This is consistent with a social model of health and a concern to improve the health and wellbeing of the population, rather than the more limited focus on improving health services (authors, 2002). It chimes with evidence that involvement has a positive influence on health and other outcomes in local communities (Marmot and Wilkinson 1999). An emphasis on citizenship requires the individual to be involved in promoting the interests of the wider community rather than merely those of the user.

In the audit process there was some difference of view about who should be defined as the respondents in the research. The audit team began by designing and conducting a questionnaire for administration with the wider community. From the perspective of the Steering Group this was felt to be too broadly drawn because it did not have a service user focus:

…those first questionnaires for example…..... they were fine but they gave you more of a sense of what it's like to live in the area, they hadn't really talked to people who were service users and got the right people..(p:4)

This raises the interesting question of who the 'right people' are. There is room for debate about what constitutes an appropriate sample for such an audit. Arguably the Connected Care Audit report (Buffin and Kramer, 2005) gave relatively greater attention to the direct user voice in its findings than to the citizenship dimension. While this might be appropriate it is important to recognise these different statuses and their claims to legitimacy in developing a sample of community members.

Within the overlapping populations of user, citizen and community a further distinction appears. The Audit Report suggested that service design should be based on community 'experience' and 'opinions', two forms of data which also have differing status and consequent legitimacy from each other. Clarity in their definition and the relative weight attached to each becomes important when evidence is drawn upon as the basis of resource allocation. The legitimacy with which each is endowed is likely to convey different persuasive power when resources are contested. Developing community knowledge for the design and management of local services will need to be conscious of such distinctions as a basis of serving potentially different community interests.

What purposes can an audit of community views serve?

The purposes of the audit can be understood in terms of two forms of capital (Putnam, 2000). In conducting community research the research team access, and may even build, bonding capital by developing an account of community views which is subscribed to by the community. A second form of capital, bridging capital, is also necessary in policy implementation because it involves assuring local policy makers of the scientific validity of that account in order to secure a shift in power and resources.

One of the prime criticisms of previous involvement initiatives has been that they raised, and then disappointed, expectations when reality flouted rhetorical ambition. The evaluation research showed that the most important purpose served by the community audit was that it formed a foundation for a process of involvement:

'…although there have been levels of discomfort and insecurity… nonetheless what has come out is something we've all got our hands dirty over, we've all made a contribution to..'(c:7)

In addition to ownership a further advantage of participatory research is that it gains support for the changes being developed (Whyte, 1991). The audit report was validated by 'the community' at a public launch event and so provided a legitimate basis for the next stage in designing a Connected Care response.

While the generalised findings from the audit report in Owton could give a steer on the direction of service design it contained no information about how this should be organised. This second stage, of service design and implementation, is likely to be much more contested. It will involve a range of partners, extending beyond the remit of the original Steering Group and will embrace both resource issues and the targets that the individual services must achieve. Recognition that knowledge is constructed and that the form of construction is central to its persuasiveness, becomes important at this point. The process must be seen to be valid by the professionals involved to ensure that it provides an accepted alternative basis for knowing about community need. It is likely when resources are at issue that differences of power that have been set aside in information gathering will re-emerge and questions of the legitimacy of the knowledge gained will grow in significance.

The audit process provided information and raised awareness of the concept of Connected Care in the community. More importantly, perhaps, it provided the legitimacy for the pilot to move into a service design and implementation phase. The report became

a resource in subsequent discussions about its implementation. Its findings were explicitly used by some stakeholders to counter a possible reassertion of professional control within the services specification and design process. As this experience suggests, community interests are no less able than professionals to play the 'user card' (Mort and Harrison, 1996) to legitimate such processes. One of the issues that this initiative will need to resolve as it develops is the degree to which it is 'community led' or 'professionally led' and the kind of relationship between professionals and community that is sustainable, beyond the stage of merely 'auditing' the needs of the community. It will then become clear how far the continuing process is one resembling passive consultation or active partnership with the wider community based on the community's own knowledge construction.

Conclusion

The new service is intended to address the objective of creating integrated locality based services which are more appropriate to local need because they are more responsive to the community's wishes in their design and delivery. At one level this simply represents yet another attempt to solve the problems of lack of integration between services and the failure to achieve a holistic approach. Unlike previous such solutions, however, which have sought answers through better professional and organisational integration, the logic of this approach is to start from the perspective of the community in which services are delivered. It seeks to bring the legitimacy of the community and of the user voice to the table. The potential for such voices to exercise power within the governance structure is important in providing the first condition for enabling a, previously unheard, perspective previously to become powerful. It allows a perspective which starts from an understanding of need which is not based on organisational boundaries but rather is holistic and is based on the lived experience of community members, to be present at the crucial points of service design, delivery and management. This reflects not only a concern with service efficiency, but a commitment to the view that community involvement builds social capital and leads to longer term benefits in population health and well being. Such a commitment necessarily involves negotiations about knowledge in the shift of power and control to the local community.

Shifting the balance of power to the community requires acceptance by professionals that forms of knowledge other than their own also have currency. In the past, community, involvement has frequently taken the form of closer working relationships between professionals supported by the participation of community leaders on professional committees and groups. A more radical approach would entail the community shaping its own services; the criteria for accessing them; and what constitutes efficient and effective use.

If the relationship between the local state and its citizens is to be reformed, claims to community knowledge take centre stage. The stated purpose of gaining community knowledge in this case study was to learn what the community wanted, both to improve service delivery and to enhance involvement as a means of building community capacity, developing social capital and improving outcomes. In this article we have identified some

implications contained within the concept of constructing community knowledge and raised questions about the consequences of the processes by which such knowledge is constructed for its nature, ownership and use. We have tried to draw out some of the complexities underlying the construction of community knowledge as a basis for service design and delivery. In this case study a number of potential tensions have been identified in attempts to shift power and control through the construction of such knowledge and we have suggested that this is likely to be more contested in the next stage when resources are deployed. Conflicts of perspective on the degree to which power can be transferred, are inevitable for a number of reasons. These include the lack of unanimity in professional understandings of the legitimacy of users and the public in decision making (authors, 2006) and potential differences between the interests of community leaders and members, respectively. The ways in which these perspectives are reconciled will be crucial to where along a continuum of 'involved'-'entangled' this attempt at community empowerment sits.

References

Alaszewski A, Baldock J, Billings J, Coxon K & Twigg J (2003) Providing Integrated Health and Social Care for Older Persons in the United Kingdom. Centre for Health Services Studies, University of Kent, Canterbury, LIK.

Alaszewski, A. Baldock,J. Billings,J. Coxon, K. Twigg, J. (2003) Providing Integrated Health And Social Care For Older Persons in The United Kingdom Centre for Health Service Studies. In "Public Policy and Social Welfare", (28): Providing Integrated Health and Social Care For Older Persons A European Overview Of Issues At Stake Kai Leichsenring, Andy M. Alaszewski (Eds.)

Barnes, M., Matka, E., and Sullivan H. 2003 Evidence, Understanding and Complexity: Evaluation in Non-Linear Systems Evaluation, 9: 265 - 284.

Bourdieu P. (1986) The forms of capital. In: Richardson JG, ed. The handbook of theory and research for the sociology of education. New York: Greenwood Press, pp241–58

Bourdieu, P, (1999) The Weight of the World: social suffering in contemporary society. London, Polity

Bourdieu, (2005) Habitus. pp43-52 in Habitus: A Sense Of Place. Hillier, J. and Rooksby, E. eds. (2nd ed) Aldershot Ashgate

Buffin, J. Kramer, R (2006) Connected Care Audit: Owton Ward. Turning Point. London

Byrne, D. (1999) Social exclusion Open University Press Buckingham

Byrne, D. (2005) Social exclusion (2nd edition) Open University Press Buckingham

Callaghan, G. and Wistow, G. (2002) Public and Patient Participation in Primary Care Groups: New beginnings for Old Power Structures. Leeds. Nuffield Institute for Health

Callaghan, G. and Wistow, G. (2006) Publics, Patients, Citizens, Consumers? Power and Decision Making In Primary Health Care Public Administration 84(2):583-602 2006

Callaghan, G. and Duggan, S. (2006) Evaluation of the Connected Care Audit Process. University of Durham

Cohen, A. P. (1985) The Symbolic Construction of Community, Ellis Horwood Tavistock, London.

Collins C (1999) Applying Bakhtin in urban studies: the failure of community participation in the Ferguslie Park partnership. Urban Studies 37(1):73-90

Cooke, P. (1989) 'Locality-theory and the poverty of Spatial Variation' Antipode, 21(3):261-273

Cooke**,** P. (1990), Locality, Structure, and Agency: A Theoretical Analysis
Cultural Anthropology, 5(1):3-15

Day G. and Murdoch J. (1993) 'Locality and Community: Coming To Terms With Place', Sociological Review, 41(1):82-111.

Dorling D. (2001)`Anecdote is the singular of data' How much does place matter? Environment and Planning A, 33: 1335 -1369

Farrell, C. (2004). 'Patient and Public Involvement in Health: the Evidence For Policy Implementation'. London, Department of Health

Fine, B. (2002) They F**K You Up Those Social Capitalists. Antipode, 34(4): 796-799

Fine, B. (2003) Social Capital Versus Social Theory: political economy and social science at the turn of the millennium. London. Routledge.

Foley, P., and Martin, S. (2000) A New Deal For The Community? Public Participation In Regeneration And Local Service Delivery Policy and Politics l28(4):479-492

Glasby J., Dickinson, H. Peck (2006) Guest editorial: Partnership working in health and social care Health & Social Care in the Community 14 (5):373–374.

Gustavson, H. (2002) Theory and Practice: the mediating Discourse in Handbook of Action Research: Participative Inquiry and Practice Reason P and Bradbury H.(eds) London Sage

Halpern, D. (2005) Social Capital. Cambridge, Polity

Jewkes, R. and Murcott, A. (1998) Community Representative: Representing the Community Social Science and Medicine 46(7):843-858

Joshi, H. (2001) Is there a place for area-based initiatives? How much does place matter? Environment and Planning A. 33: 1335 -1369

Lee, RG., and Ozanne, JL. (1999) Improving Health service encounters through resource sensitivity: the case of health care delivery in an Appalachian community Jnl of Public money and marketing. 8(2):320-339

MCTaggart, R. (1991) Principles for Participatory Action Research. Adult Education Quarterly 41(3):168-187

Madanipour, A. (1998) Social exclusion and space., in A Madanipur, G Cars and J Allen (eds) Social Exclusion in European Cities. London Jessica Kingsley

Marmot, M., Wilkinson, R. (1999) Social determinants of health, Oxford University Press, Oxford

Mort, M., Harrison, S. (1996) The user card: picking through the organisational undergrowth in health and social care. Contemporary Political. Studies. 2: 1133-40.

Owton Fens Community Association (2003) Report. Hartlepool, OFCA.

Pawson, R., and Tilley, N. (1997) Realistic Evaluation. London, Sage

Portes, A. (2000) The two meanings of social capital Sociological Forum 15(1):1-12

Power, A. (1996) Area Based Poverty and Resident Empowerment. Urban Studies 33(9):1535-1564

Putnam, R.D. (2000) Bowling Alone: The Collapse and Revival of American Community, New York, Simon and Schuster

Rankin, J., Regan, S., (2004) Meeting complex needs in social care http://www.ippr.org.uk/articles/index.asp?id=469

Seebohm Report, (1968) Report by the Committee on Local Authority and Allied Social Service. London: HMSO

Somerville, P. (1998) Empowerment through residence. Housing Studies 13 no 2 p233-257

Shields, J. (1992) Evaluating Community organization projects: the development of an empirically based measure. Social Work research and abstracts p15-21

Turning Point. (2005) Connected Care http://www.turning-point.co.uk/NR/rdonlyres/D7DDDF54-F64D-42DE-A8761F8BB1E09DDF/0/ConnectedCarebooklet_Dec05.pdf

Walker, R. (2001) Great Expectations: Can Social Science Evaluate New Labour's Policies Evaluation, 7(3): 305-330

Whyte, WF. (1991) Participatory Action research. Newbury Park. Sage

Wilkinson, R. (1996) Unhealthy Societies: The Afflictions of Inequality London. Routledge

Wilkinson, RG., Kawachi, I., Kennedy, BP., (1998) Mortality, The Social Environment, Crime And Violence. Sociology of Health and Illness 20(5):578-597